

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1141

## 1. PLACE OF DEATH

County JacksonRegistration District No. 3432 OliveTownship RawPrimary Registration District No. 166City Range City(No. 3432 Olive)File No. 179Registered No. 179St. 13 Ward

## 2. FULL NAME

(a) Residence, No. 3432 Olive St. 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ernest M Wade

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr 19-1890

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

41827

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home-maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

2:55

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tallahassee Georgia

## MOTHER FATHER

13. NAME D. S. Pounds

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Griffin Georgia15. MAIDEN NAME Nancy C. West

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buchanan Georgia

## 17. INFORMANT (ADDRESS)

Mrs Roy L Wade 13432 Olive

## 18. BURIAL, CREMATION OR REMOVAL

PLACE Hills Cemetery, Peachtree No.DATE Jan 18 1932

## 19. UNDERTAKER (ADDRESS)

Ryanburg Bros & Co. Harrisonville Mo.

## 20. FILED

Jan 17 1932 M. M. Croome Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 16 1932

## 22. I HEREBY CERTIFY that I attended deceased from

Jan 1931 to Jan 16 1932I last saw him alive on Jan 16 1932 Death is saidto have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia50107A

Other contributory causes of importance:

Carcinoma of breast

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ☒ Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Leary, M. D.(Address) 301 W. 1st Bank Bld

